

In-Class Quiz Academic Adjustment Form

Department of Mathematics

Last Name _____ First Name _____

PUID _____ E-mail _____

Course MA _____ - _____ Semester: _____
(course number) (section number)

Agreement for In-Class Quiz Adjustments

In order to receive the academic adjustments on in-class quizzes which are described in the Academic Adjustment Memorandum you have provided your instructor, you have to do the following:

1. Fill out this form with your instructor and return it to MATH 242.
2. Attend the class session during which a quiz is being administered.
3. Copy, or have your note taker copy, the quiz problems from the blackboard.
4. Turn in a sheet at the same time other students turn in their quiz on which you write the date, your name, and sign your signature to show your attendance in class.
5. Work the quiz under the same conditions your peers had in the classroom (use of books, notes, etc.) with the academic adjustments that the Disabilities Resource Center deems you eligible for in your adjustment memorandum.
6. Turn in the quiz to your instructor's mailbox before the next class session.

In addition, even though you not obliged to work the quiz during class, you should wait and leave the classroom at the same time as the other students.

If you turn in answers to the quiz instead of the signed sheet of paper detailed in #3 above, you forfeit your right to take the quiz outside of the classroom with your academic adjustments.

Leaving the room without turning in the paper detailed in #3 above will be interpreted as not attending the class. In that event course policies on making up missed quizzes apply for that session. Quizzes not turned into the instructor's mailbox before the next class session will be given a zero.

In the event that you fail to maintain academic honesty and give yourself quiz conditions that were not allowed in class for that quiz, nor are outlined by your academic adjustment memorandum, this will be considered academic dishonesty and will be reported as such.

By signing below I acknowledge that I have read this document and agree to the procedures outlined.

Student Signature: _____ Date: _____

Instructor Name (please print): _____

Instructor Signature: _____

Mailbox Location (circle): MATH 419 MATH 630 MATH 835

Keep a completed copy of this form for your records. Turn in original to MATH 242